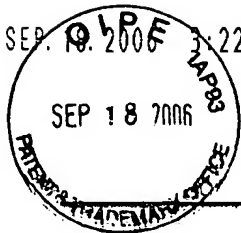


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FACSIMILE COVER SHEET

DATE: September 18, 2006

TO: Examiner Joseph CHANG
USPTO GPAU 2817

FAX NO.: 571-273-2885

FROM: Adam D. Sheehan
Reg. No. 42,146

RE: **ISSUE FEE**

U.S. APP NO.: 10/802,018

FILING DATE: March 16, 2004

APPLICANT(S): Nihal J. GODAMBE

ATTY DKT NO.: 1280-SC12984ZC

TITLE: SELF-CALIBRATING OSCILLATOR SYSTEM

NO. OF PAGES (INCL. COVER SHEET): 5

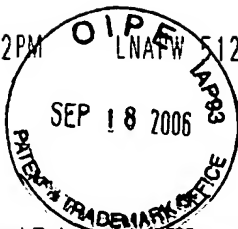
Attached please find:

- ☒ Transmittal Form (1 pg)
- ☒ Issue Fee Transmittal Form (1 pg) (in duplicate)
- ☒ Fee Address Indication Form (1 pg)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/802,018	
	Filing Date	March 16, 2004	
	First Named Inventor	Nihal J. GODAMBE	
	Art Unit	2817	
	Examiner Name	Joseph CHANG	
Total Number of Pages in This Submission	4	Attorney Docket Number	1280-SC12984ZC

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fee Address Indication Form (1 pg)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	LARSON NEWMAN ABEL POLANSKY & WHITE, LLP		
Signature			
Printed name	Adam D. Sheehan		
Date	7/18/06	Reg. No.	42,146

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